

**2000****California Fiduciary Income Tax Return****541**

For calendar year 2000 or fiscal year beginning month \_\_\_\_\_ day \_\_\_\_\_ year 2000, and ending month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

## ● Type of entity:

(1) ☐ Decedent's estate(2) ☐ Simple trust(3) ☐ Complex trust(4) ☐ Grantor type trust(5) ☐ Bankruptcy estate - Chapter 7(6) ☐ Bankruptcy estate - Chapter 11(7) ☐ Pooled income fund

Name of estate or trust

Federal employer identification no. (FEIN)

Name and title of fiduciary

Address of fiduciary (number and street including suite number, PO Box, or rural route)

PMB no.

City

State

ZIP Code

Check applicable boxes: ● ☐ Initial return ☐ Final return ☐ REMIC  
☐ Amended return. Attach explanation and schedules ☐ Change in fiduciary's name or address**Income**

- 1 Interest income ..... 1
- 2 Dividends ..... 2
- 3 Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040) ..... 3
- 4 Capital gain or (loss). Attach Schedule D (541) ..... 4
- 5 Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040) ..... 5
- 6 Farm income or (loss). Attach federal Schedule F (Form 1040) ..... 6
- 7 Ordinary gain or (loss). Attach Schedule D-1 ..... 7
- 8 Other income. See instructions. State nature of income ..... 8
- 9 Total income. Combine line 1 through line 8 ..... 9

**Deductions**

- 10 Interest ..... 10
- 11 Taxes ..... 11
- 12 Fiduciary fees ..... 12
- 13 Charitable deduction. Enter the amount from Side 2, Schedule A, line 7 ..... 13
- 14 Attorney, accountant, and return preparer fees ..... 14
- 15 a Other deductions not subject to 2% floor. Attach schedule ..... 15a
- b Allowable misc. itemized deductions subject to 2% floor ..... 15b
- c Total. Add line 15a and line 15b ..... 15c
- 16 Total. Add line 10 through line 14 and line 15c ..... 16
- 17 Adjusted total income (or loss). Subtract line 16 from line 9. Enter here and on Side 2, Schedule B, line 1 ..... 17
- 18 Income distribution deduction from Side 2, Schedule B, line 15. Attach Schedule K-1 (541) ..... 18
- 20 Taxable income of fiduciary. Subtract line 18 from line 17 ..... 20

**Tax and Payments**

- 21 a Regular tax .....; b Other taxes .....; c QSF tax .....; d Total ..... 21
- 22 Exemption credit (\$10.00 for an estate, \$1.00 for a trust). See instructions ..... 22
- 23 Credits. Attach worksheet. If one credit, enter code ..... 23
- Note:** If more than one credit, see instructions.
- 24 Total. Add line 22 and line 23 ..... 24
- 25 Subtract line 24 from line 21 ..... 25
- 26 Alternative minimum tax. Attach Schedule P (541) ..... 26
- 27 Tax liability. Add line 25 and line 26 ..... 27
- 28 California income tax withheld ..... 28
- 29 California income tax previously paid. See instructions ..... 29
- 30 2000 CA estimated tax, amount applied from 1999 return, and payment with form FTB 3563 ..... 30
- 31 Total payments. Add line 28, line 29, and line 30 ..... 31
- 32 Tax due. Subtract line 31 from line 27 ..... 32
- 33 Overpaid tax. Subtract line 27 from line 31 ..... 33
- 34 Amount of line 33 to be credited to 2001 estimated tax ..... 34
- 35 Amount of overpaid tax available this year. Subtract line 34 from line 33 ..... 35
- 36 Total voluntary contributions from Side 2, Schedule C, line 13 ..... 36
- 37 **Refund or No Amount Due.** Subtract line 36 from line 35 ..... 37
- 38 **Amount Due.** Add line 32 and line 36 ..... 38
- 39 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached ..... 39

**Schedule A Charitable Deduction** Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to which your contributions totaled \$3000 or more.

1	Amounts paid or permanently set aside for charitable purposes from gross income. See instructions	1	
2	Tax-exempt income allocable to charitable contributions. See instructions	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add line 3 and line 4	5	
6	R&TC Section 18152.5 exclusion allocable to capital gains paid or permanently set aside for charitable purposes	6	
7	<b>Charitable deduction.</b> Subtract line 6 from line 5. Enter here and on Side 1, line 13	7	

**Schedule B Income Distribution Deduction**

1	Adjusted total income. Enter amount from Side 1, line 17	1	
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2	
3	Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions	3	
4	Enter amount from Schedule A, line 4 (reduced by any allocable R&TC Section 18152.5 exclusion)	4	
5	Enter capital gain included on Schedule A, line 1	5	
6	If the amount on Side 1, line 4 is a gain, enter the amount here as a negative number. If the amount on Side 1, line 4 is a loss, enter the loss as a positive number	6	
7	Distributable net income. Combine line 1 through line 6	7	
8	Income for the taxable year determined under the governing instrument (accounting income)	8	
9	Income required to be distributed currently (IRC Section 651)	9	
10	Other amounts paid, credited, or otherwise required to be distributed (IRC Section 661)	10	
11	Total distributions. Add line 9 and line 10. If the result is greater than line 8, see federal Form 1041 instructions for line 12 to see if you must complete Schedule J (541)	11	
12	Enter the total amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7	14	
15	<b>Income distribution deduction.</b> Enter the smaller of line 13 or line 14 here and on Side 1, line 18	15	

**Schedule C Voluntary Contributions.** See instructions.

1	Alzheimer's Disease/Related Disorders Fund	● 52	00	7	California Mexican American Veterans' Memorial	● 58	00
2	California Fund for Senior Citizens	● 53	00	8	Emergency Food Assistance Program Fund	● 59	00
3	Rare and Endangered Species Preservation Program	● 54	00	9	California Peace Officer Memorial Foundation Fund	● 60	00
4	State Children's Trust Fund for the Prevention of Child Abuse	● 55	00	10	Birth Defects Research Fund	● 61	00
5	California Breast Cancer Research Fund	● 56	00	11	National World War II Veterans Memorial Trust Fund	● 62	00
6	California Firefighters' Memorial Fund	● 57	00	12	California Lung Disease and Asthma Research Fund	● 63	00
13	<b>Total voluntary contributions.</b> Add line 1 through line 12. Enter here and on Side 1, line 36			● 64	13		00

**Other Information** Note: Income of final year is taxable to beneficiaries

1	Date trust was created or, if an estate, date of decedent's death:	5	Did the estate or trust receive tax-exempt income? If yes, attach computation of the allocation of expenses.
2	a If an estate, was decedent a California resident? b Was decedent married at date of death? c If yes, enter surviving spouse's social security number and name:	6	Is this return for a short taxable year?
3	If an estate, enter fair market value (FMV) of: a Decedent's assets at date of death b Assets located in California c Assets located outside California	7	If a trust, enter number of: a California resident trustees b Nonresident trustees c Trustees (line a plus line b) d California resident beneficiaries e Nonresident beneficiaries f Beneficiaries (line d plus line e)
4	If this is the final return, enter date of court order authorizing final distribution of the estate	8	Is the trust required to complete federal Form 8271? If federal Form 8271 is required, please attach a copy to this form.
		9	<b>Attach a copy of 2000 federal Form 1041, pages 1 and 2.</b>

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		Date
	Signature of fiduciary or officer representing fiduciary		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> <input checked="" type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		Preparer's SSN or PTIN
			FEIN
			Telephone ( )